3/23/43 HED 13.5.	1 1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			201			
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Effective on 12/08/2004, Fees pursuant to the Consolidated Augmentations Act. 2006 (H.R. 4818).					Co	mplete if Know	m
				Application Number		09/023,234	
FEE TRANSMITTAL For FY 2005			Filing Date		February 13, 1998		
			First Named Inventor		Thomas J. Holman		
Applicant claims awall outly stop of Son 27 CCD 4 22				Examiner Name		Kevin Verbrugge	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2188	
TOTAL AMOUNT OF PAY	MENT (\$	1,020.00		Attorney Docks	zt No. 04	2390P5658	
METHOD OF PAYMEN	fT (check al	that apply)		•			
Check Credit Deposit Account		Money Order [ n Number: 02-266	_		plasse identi Locount Marri		II, Taylor & Zafman LLP
Charge any under 37 CF WARNING: Information on the information and authorization	s) Indicated by additional fee R 1.16 and 1 Is form may be	elow (s) or underpayms .17 .come public. Cred	nts of fe	Chan e(s) V Cred	ge fee(s) im It any overp	dicated below, exc syments	copt for the filing foo
FEE CALCULATION							
1. Basic filing, sea	FILING			ICH FEES Small Entity	EXAMIN	LATION FEES Small Emity	
Application Type	Pac (\$)	Fee (5)	Fee (\$	Poo (5)	Fee (\$	Fee (5)	Fees Pald (\$)
Utility	300	150	500	250	200	100	-
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	<del></del>
Reissue	300	150	500	250	600	300	
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2. EXCESS CLAIM FE Fee Description Each claim over 20 or, i Each independent claim Multiple dependent claim	or Reissues over 3 or, f						Email Entity Fee (\$) 50 25 tent 200 100 360 180
Total Claims - 20 or HP = HP = highest number of total	Extra Claim claims paid for	. ×	- <u>Fee</u>	<u>Pald (\$)</u>	Multiple Foo (	Depandent Claim  Fee Pa	
Indep. Claims	Extra Claim	s Fee (\$)	Fee f	Paid (S)			<del></del>

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Shoots Number of each additional SQ or fraction therapf Fee Paid (\$) \_ (round up to a whole number) x / 50 = - 100 =

4. OTHER FEE(S)

MP = highest number of independent claims paid for, if greater than 3

-3 or HP =

Fors Peid (\$)

1) Extension for response within third month (Fee Code 1253)

1,020.00

1 (Altitudinal Distriction)	SUBSTITED BY	7 10 /			
Name (Patrick) and Jack Partick) (Joseph 22, 2008	Signature .		1/2	Registration No. 40,216	Telephone 408-420-8300
Nama (Print Abelifority Landox Availd 1	Name (Print/Type) J	ohr Fistrick Ward	1		Date March 23, 2005

USPTO to receive the receive of the process) an application. Confidentially is governed by SS U.S.C. 122 and ST CFR. 1.14. This collection is estimated to take 30 minutes to complete, including pathening, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this tunden, should be sent to the Chief Information Officer, U.S. Peternian of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9189 and select option 2.

PAGE 2/10 \* RCVD AT 3/23/2005 6:51:39 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/2 \* DNIS:8729306 \* CSID:A087208381 \* DURATION (Imm-ss):03-18